SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL ELIGIBLE TRAINING PROVIDER PROGRAM ADDITIONAL REQUIRED INFORMATION FORM

Date	
Sea 200 Sea	tention: Marie Koole attle-King County Workforce Development Council 03 Western Avenue, Suite 250 attle, WA 98121 06) 448-0474 mkoole@seakingwdc.org
1.	Name of Training Provider:
2.	Type of Organization:Private for ProfitPrivate Non-ProfitPublic Agency
3.	Length of Time in Operation:
4.	Financial Information: Please attach an independent audit completed within the last 12 months. If you do not conduct an annual audit, provide your in-house financial statements.
5.	 Basic Information – Please attach the following information for each program: A. A description of the program. If the program description is included in your catalog, you may attach a copy of your catalog in lieu of describing each program separately. B. The proposed curriculum. C. The instructor's resume or other documentation of their qualifications to provide instruction in the program area.
6.	For programs that have never before operated, please demonstrate a strong connection to the labor market. Acceptable indicators to attach include: - A letter of commitment to place your program graduates in internships or apprenticeships; - Hiring contracts with established businesses; or - Two or more letters of support specific to your proposed program from potential employers of program graduates.
7.	As an authorized signatory for the training provider named in the application, I certify that the training provider understands that acceptance and placement on the state Eligible Training Provider Program list does not guarantee that any approved person will enroll in the training providers courses or business. I have attached appropriate program information as requested by Seattle-King County Workforce Development Council.
	gnature Date Title ontact Phone Number

Please mail the completed form and attachments, and address questions regarding this form, to Marie Koole using the contact information above.